M13060006638

| (Reques | tors Name) | | |
|--------------------------------|--------------------------|-----------------|--|
| | , | | |
| (Addres | s) | | |
| | | | |
| (Addres | s) | | |
| (1-2.00 | -, | | |
| (O) (O) | | 10 | |
| (City/Sta | te/Zip/Phone | ? #) | |
| PICK-UP | WAIT | MAIL | |
| | | | |
| (Busine | ss Entity Nar | ne) | |
| | | | |
| (Docum | ent Number) | | |
| (5004111 | on manuscry | | |
| | | | |
| Certified Copies | s Certificates of Status | | |
| | | | |
| Special Instructions to Filing | g Officer: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



900253554639

11/15/13--01016--008 **25.00

SECURE LANGE OF STATE OF STATE

NOV 1 8 2013

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Gold Ridge Asset Management GP, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Knox

Name of Person

Gold Ridge Asset Management GP, LLC

Firm/Company

130 Gardners Circle #139

Address

Johns Island, SC 29455

City/State and Zip Code

mknox@goldridgeasset.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Micheal Knox

at (843) 202-0914

Name of Person

Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■\$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy

☐ \$60 Filing Fee, Certificate of Status & Certified Copy

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

| 2. This entity was formed under th | ne laws of: Delaware | · | |
|---|--|--|---------------|
| 3. This entity was authorized to tra and its Florida document/registration | ansact business in Florida on October 15, 2013 on number is M13000006638 | ······································ | |
| 4. The name and address of each n | nanager or managing member is as follows: | | |
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | SECRETARY SECRET | |
| MGRM | Micheal Knox | | n |
| | 130 Gardners Circle #139 | | |
| | Johns Island, SC 29455 | | ਹ ⊼ |
| | | | - |
| | | <u> </u> | Ţ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | - | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| - 1 | - 1110 | | |

Filing Fee: \$25